

NURSING FACILITY TRANSITION CASE CLOSURE WITHOUT TRANSITION NOTICE FIELD DEFINITIONS

A completed Nursing Facility Transition Case Closure without Transition Notice form must be submitted to MDCH when the transition process ends without the individual transitioning.

The following is an explanation of all fields in the Transition Completion or Case Closure without Transition Notice form. All applicable fields for each form must be completed.

<i>Nursing Facility Transition Case Closure without Transition Field</i>	<i>DESCRIPTION</i>
<u>Transition Agent Information:</u>	
Agency	The name of the agency facilitating the NFT.
Today's Date	The date the Notice was completed.
Contact's Name	The name of the person MDCH should contact for this transition.
Contact's Phone	The phone number of the person MDCH should contact for this transition.
Contact's Email	The email address of the person MDCH should contact for this transition.
<u>Transitionee Information:</u>	
Last Name	The last name of the NFT participant.
First Name	The first name of the NFT participant.
Date of Birth	The NFT participant's date of birth
Medicaid I.D. #	The NFT participant's ten-digit Medicaid Recipient ID number.
Social Security #	The NFT participant's Social Security Number.
<u>Case Closed Without Transition</u>	
Date Closed	Enter the date the transition process ended.
Reason	Check the single most appropriate reason for closing this case prior to transition. If none of the listed reasons apply, choose "Other" and describe the reason for closure.

Nursing Facility Transition Program
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Lansing, MI 48909-7979
(517) 373-9532

NURSING FACILITY TRANSITION CASE CLOSURE WITHOUT TRANSITION NOTICE

(To be completed immediately after the transition process ends without the individual transitioning)

Transition Agent Information	
Agency (Name & city):	Today's date:
Contact's Name:	
Contact's Phone:	Contact's Email:

Transitionee Information	
Last name:	First name:
Date of birth:	Medicaid I.D. #:
Social Security #:	

Case Closed Without Transition	
Date closed:	
Reason for case closure without transition: (check only one per CMS instructions)	
<input type="checkbox"/> Too physically ill	
<input type="checkbox"/> Too cognitively impaired	
<input type="checkbox"/> Mental Illness	
<input type="checkbox"/> Guardian refused participation	
<input type="checkbox"/> Could not locate appropriate housing arrangement	
<input type="checkbox"/> Could not secure affordable housing	
<input type="checkbox"/> Individual changed his/her mind	
<input type="checkbox"/> Individual would not cooperate in care plan development	
<input type="checkbox"/> Service needs greater than what could be provided in the community	
<input type="checkbox"/> Other (please specify)	
AUTHORITY: None COMPLETION: Is voluntary, but this information is required for transition services.	The Department of Community Health is an equal opportunity employer, services, and programs provider.